

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J05024

1. Corporation Name

MEADOWS BUSINESS SYSTEMS , INCORPORATED

2. Principal Office Address

1057 CEPHAS ROAD

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33765

Country

USA

3. Mailing Office Address:

1057 CEPHAS ROAD

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33765

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/17/1986

5. FEI Number

59-2639449

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JERRILEE SKIP MEADOWS

Street Address (P.O. Box Number is Not Acceptable)

2842 Quail Hollow Road

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33761

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jerrilee "Skip" Meadows

REGISTERED AGENT MUST SIGN

Date

4-30-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	MEADOWS, JERRILEE "SKIP"	2842 QUAIL HOLLOW ROAD	CLEARWATER, FL 33761
ST	MEADOWS, ROBERT T	2842 QUAIL HOLLOW ROAD	CLEARWATER, FL 33761
P	MEADOWS, ANDREW D	1203 WILLOWICK CIRCLE	SAFETY HARBOR, FL 34695

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jerrilee "Skip" Meadows
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

727-442-3774

Daytime Phone #

CR2E081 (9/00)